

Filing Fee \$50.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

**STATEMENT OF DENIAL
OF AUTHORITY**
(for a Maine LLC)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company)

Pursuant to [31 MRSA §1543](#), the undersigned hereby denies the statement of authority originally filed on _____ that named me as an authorized person or that named the position I hold as authorized to enter into transactions on behalf of the above-named limited liability company.

I further state that I have furnished the limited liability company with a copy of the statement of denial as required under [31 MRSA §1543.3](#).

DATED _____

(signature)

(type or print name and capacity)

Pursuant to [31 MRSA §1676.1D](#), statement **MUST** be signed by the person denying the statement of authority.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101**

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)